

Behavioral Health

This section of the *Administrative Manual* contains essential information specific to mental health and chemical dependency services, including when a referral is required, how to obtain referrals, and which behavioral health care services are managed.

Information detailed within includes:

- Regence Behavioral Health Policy terms and conditions
- Quality Management activities including: clinical practice guidelines, treatment record keeping, chart notes and HIPAA, and behavioral health programs
- Care Management Guidelines
- Mental Health Care Products and Networks
- Chemical Dependency Care Products and Networks

Regence Behavioral Health Policy terms and conditions

Description

This section contains behavioral health policies approved by Regence. Behavioral health policies are created using evidence-based treatment guidelines as well as clinical best practices and standards of care. They are consistent with Milliman Care Guidelines, Substance Abuse and Mental Health Services Administration (SAMHSA) and culturally-competent practice philosophy and standards.

Use

Regence Plans use behavioral health policies as guidelines for coverage determinations in our employer and member products, unless otherwise indicated.

Conflict with Plan documents

In the event of a conflict between a behavioral health policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. Plan documents include, but are not limited to, member contracts, summary plan documents and other coverage documents prepared by a Plan.

Restrictions and limitations

Behavioral health policies do not determine the schedule of benefits. Medical policies are used to determine if a service will be paid by a Plan. Behavioral health policies are interpreted and applied in the sole discretion of the Plan. Behavioral health policy application is subject to state and federal laws and any specific instructions from Plan sponsors of self-insured groups. Behavioral health policies do not constitute behavioral health advice and do not guarantee any results or outcomes. Members should discuss any health care related questions with their appropriate health care provider.

Behavioral health policies are the property of Regence and are prohibited from being used for any commercial purposes. Commercial use does not include for purposes related to the health care of a Regence Plan member. In addition, Current Procedural Terminology (CPT) codes and descriptions are the property of the American Medical

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Association (AMA) with all rights reserved. There is no obligation to update this site, meaning the behavioral health policies displayed on the AMA site may be out of date.

Quality Management Activities

Clinical Practice Guidelines

Regence supports the use of practice guidelines to assist in determinations of the clinical appropriateness of treatment services provided for the mental health and chemical dependency disorders and conditions listed below. The practice guidelines describe generally accepted practices and were developed by nationally recognized organizations. These guidelines are available on our *Provider Web Site* at <http://www.wa.regence.com/provider/utilizationManagement/guidelines/mentalHealth.html>

ADULTS	
Alzheimer's Disease and Other Dementias of Late Life	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/Alzheimer's_QRG.pdf
Bipolar Disorder	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/Bipolar_QRG.pdf
Borderline Personality Disorder	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/BPD_QRG.pdf
Eating Disorders	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/EDs_QRG.pdf
Major Depressive Disorder	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/MDD_QRG.pdf
Obsessive Compulsive Disorder	Expert Consensus Guideline Series www.psychguides.com/ocgl.html
Panic Disorder	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/Panic_QRG.pdf
PTSD	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/ASD-PTSD_QRG.pdf
Schizophrenia	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/Schizophrenia_QRG.pdf
Substance Use Disorders	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/SUD_QRG.pdf
Suicidal Behaviors	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/Suibehavs_QRG.pdf

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CHILDREN OR ADOLESCENTS	
ADHD	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/New_ADHD_Parameter.pdf
Anxiety Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/JAACAP_Anxiety_2007.pdf
Autism/Other Development Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Bipolar Disorder	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/JAACAP_Bipolar_2007.pdf
Conduct Disorder	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Depressive Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Obsessive Compulsive Disorder	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Substance Use Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/substanceUseDisorder.pdf
Suicidal Behaviors	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters

Treatment Record Keeping

Regence believes well-documented treatment records contribute to effective treatment and allow for coordination and continuity of care. The provider is responsible for maintaining an adequate clinical record for each member and providing Regence with clinical data as requested for utilization review or quality management. All contacts regarding the member should be documented and include the member's name and date of contact. Records should be legible, maintained in chronological order, and signed in ink with the clinician's name and credentials. All treatment charts should be readily accessible and stored in a secure environment to protect member confidentiality.

Documentation in the record should include, but is not limited to:

- Key demographic data
- Presenting problem
- Mental status exam and current clinical status
- DSM-IV diagnosis (Axis I-V)
- Full psychological and medical history
- Complete developmental history for children and adolescents, including relevant prenatal and perinatal events
- Substance use evaluation, including past and present use of cigarettes, alcohol, illicit, prescribed and/or over-the-counter drugs
- Current prescription medications, including the name, dosage, instructions for use and any side effects experienced
- Prescribing providers should document that noted positive benefits outweigh noted side effects
- Treatment plan with measurable goals

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- Date and length of the therapy sessions
- Content of the therapy session, such as therapeutic interventions used and major themes discussed
- Summary of the patient's progress or lack of progress toward the treatment goals
- All diagnostic and treatment services provided or ordered
- With member consent, documentation of coordination of care with the primary care physician and other involved clinicians
- Number of participants and relationship of the participants to the patient if it is conjoint or family therapy, as well as a summary of how the participants responded to the session
- Discharge plan for patients being treated in an inpatient setting, residential program, partial hospitalization/day treatment program or intensive outpatient program

Psychotherapy chart notes and HIPAA Privacy Regulation

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) outlines five regulations which have or will significantly change the manner in which health care information is collected, transmitted and protected. One such regulation relating to privacy became effective in April 2003. Since the Privacy Regulation pertains to oral and written communication as well as electronic, it affects most health care providers. Under this regulation, providers are required to post detailed privacy policies in a conspicuous place to advise patients of their rights, including the right to request their personal medical record. HIPAA access to medical records is much more permissive than current Oregon Law, except with regard to psychotherapy notes.

Mental health professionals are permitted to maintain psychotherapy notes separately from the rest of the chart. These psychotherapy notes may represent personal notes used to record or analyze group, individual or family therapy and unlike the rest of the chart do not have to be disclosed to the patient. However, under the HIPAA Privacy Regulations, psychotherapy notes are secured by a specific authorization, not by a general consent.

Non-psychotherapy notes are maintained in the patient's chart. Any items falling into the non-psychotherapy notes category must be disclosed to the health Plan and also to the patient, with only a general consent. With patient authorization (specific disclosure with expiration and/or revocation rights) psychotherapy notes may also be disclosed to the health Plan. All Regence health Plan agreements require the creator of the record to release records necessary to facilitate payment and health Plan operations.

By HIPAA definition, "non-psychotherapy notes" include notes relating to:

- diagnosis
- functional status
- treatment plan

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- progress notes
- medications
- prognosis
- symptoms
- treatment encounters
- clinical tests

One alternative for behavioral health providers is to maintain notes for the patient and the health plan in one part of the chart, and psychotherapy notes for the professional provider as the "creator" and the health Plan in another part of the chart. Under some circumstances non-psychotherapy notes may be sufficient to meet health Plan's needs for documentation. However, the quality of record keeping varies widely and access to psychotherapy notes may be necessary to make payment on some claims.

Behavioral Health Programs: Case Management, Disease Management and Health and Wellness

Regence provides a wide range of care management programs and resources designed to support our members. Regardless of their focus, all care management programs are intended to supplement and reinforce the care and guidance provided to our members through tailored educational materials and clinical support. Program availability varies by group and benefit plan. More information about these programs is detailed in the Care Management section of this manual.

Care Management Guidelines

Care management includes prospective, concurrent and retrospective review. Beginning January 1, 2007, care is reviewed when utilization for a member reaches the following levels. Please contact Regence Behavioral Health at **1 (800) 780-7881**. For additional care management information, please refer to the Care Management section in this manual.

Note: For detailed mental health information for Selections, Healthy Options, Boeing and Federal Employee Program (FEP) Plans please see the following pages.

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Type of service	Services reviewed
Outpatient mental health	After the 30th visit (combining all behavioral health professional services, throughout the member's coverage with us).
Inpatient mental health	After 8 days
Residential mental health	After 8 days
Mental health partial hospitalization program (PHP)	After 8 days
Detoxification	After 7 days, per medical notification guidelines
Residential chemical dependency	After 8 days
Outpatient chemical dependency	Will not routinely be reviewed

Mental Health Care Products and Networks

Regence offers an array of products and plans to meet the needs of our members and employers. The specific mental health benefits of each plan vary and are described in the member's benefit booklet. Benefits and eligibility can be verified by contacting Provider Customer Service at 1 (800) 322-1737.

Procedures for accessing care for our various products are outlined in the following tables.

Mental Health Outpatient Care

Plans	Preferred, Innova SM , Engage SM , Activate SM , Regence HSA Healthplan 2.0 SM	Selections	FEP
Network	Regence PPO	Regence Managed Behavioral Health Network (MBH)	Regence PPO
Referral	None	Referral through Regence Boeing exception: See Boeing section on page 11	Basic Option Prior Approval Standard Option Prior Approval
Care Management	See Care Management Guidelines on page 5	See Care Management Guidelines on page 5	As stated above

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Mental Health Inpatient Care

Plans	Preferred, Innova, Engage, Activate, Regence HSA Healthplan 2.0	Selections	FEP
Network	Regence PPO	Regence Managed Behavioral Health Network (MBH)	Premera Blue Cross
Referral	None	Referral through Regence	Refer to Premera Blue Cross for requirements
Care Management	See Care Management Guidelines on page 5	See Care Management Guidelines on page 5	Premera Blue Cross

Note: Regence employer groups (i.e., Boeing plans) may purchase the services and/or network of an independent behavioral health managed care organization. If a group decides to purchase managed care services from a vendor, please contact Provider Customer Service at **1 (800) 322-1772** for assistance.

Important Telephone Numbers for Additional Product Information:

Regence Customer Service

(call to verify eligibility and benefits)

1 (800) 322-1737

Regence Behavioral Health Department

(call for a referral or care management guidelines)

1 (800) 780-7881

Regence Behavioral Health Department Fax

(use to fax a referral or treatment plan)

1 (800) 331-3505

Premera Blue Cross

(for FEP mental health inpatient, residential, partial hospitalization and intensive outpatient care)

1 (800) 562-1011

Behavioral Health

Referral Guidelines - Selections Plan Only

The *Behavioral Health Referral Request* form for Selections members is available on our *Provider Web Site* in the Provider Library section, under Forms.

Outpatient Care

The provider will see the member for the initial evaluation. The provider faxes or telephones the referral request within three business days of the initial evaluation.

Telephone: 1 (800) 780-7881

Toll Free Fax: 1 (800) 331-3505

Be sure to include the following information on the referral request:

- The member's name, date of birth and member number
- Your name, telephone and fax number, tax ID and rider number
- The date of the first service
- The CPT[®] codes you expect to use during the episode of care
- The Axis I or Axis II numeric diagnosis codes

A referral will be entered into our system and will be subject to the member's benefit limitations. We will fax the referral confirmation to you within 36 business hours for your records. Please do not bill for services before you have received the confirmation.

Inpatient and/or Partial Hospitalization Care

Call Regence Provider Customer Service at **1 (800) 322-1737** to verify eligibility, benefits, benefit availability, provider network status and referral requirements. Provider Customer Service will then transfer you to the Behavioral Health department to complete the referral process where you will provide the Behavioral Health Customer Service Specialist with the following information:

- The facility name and name of the reviewer at facility
- The member's name, date of birth, and member number
- Date of admission
- Diagnosis
- Name of attending psychiatrist and phone number

The Behavioral Health Customer Service Specialist will provide you with the name of the Medical Management Coordinator with their fax number to contact with clinical information if the stay extends beyond eight days.

Note: Referrals are not a guarantee of payment.

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Healthy Options

Outpatient Care

Regence administers the outpatient behavioral health benefit for Healthy Options members as follows:

All mental health services require a referral from the patient's primary care physician (PCP). PCP's should refer Healthy Options patients to the local Regional Support Network (RSN) in order to determine if the member meets the RSN access criteria for treatment. If the member meets the criteria, services will be provided by the RSN and benefits will be administered and paid through the Department of Social and Health Services (DSHS). If the member does not meet the criteria, the PCP should refer the member to a psychiatrist who is contracted with Regence.

The benefit limit is 12 hours of mental health treatment per calendar year for members who do not meet the RSN access criteria for treatment.

- Psychiatrists will be reimbursed up to the benefit limit for Healthy Options patients.
- Psychologists will be reimbursed for one assessment/evaluation (0070M) per year. Evaluation and testing is unlimited for children under the age of 21 when identified in an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visit. PCPs should refer Healthy Options patients to psychiatrists or the local RSN. If the member does not meet the RSN access criteria for treatment, a PCP can also refer to a psychologist for the initial evaluation. However, the psychologist may only treat the member if they are part of an RSN.
- ARNPs can be reimbursed for pharmacologic management care (90862).
- Pharmacologic management care is unlimited when provided by the PCP or with a referral from the PCP and provided in conjunction with mental health treatment covered by Regence.

Healthy Options does not reimburse for services performed by the following practitioners:

- Counselors (i.e. MA and MSN)
- Individuals who have a master's degree in social work (MSW)

Members can self-refer to an RSN for mental health benefits, which are administered and paid through the DSHS.

Inpatient Mental Health Care

Inpatient mental health benefits are administered through DSHS. If you have any questions, please contact the provider relations unit at DSHS at **1 (800) 562-3022**.

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Boeing

The Boeing Company offers a variety of plan options for their employees. The following information describes behavioral health care access and referral requirements for Boeing plan members.

Selections (Union) and Selections Plus (Union and Nonunion)

In order for members to receive the highest payment level on mental health claims or substance abuse claims, care must be coordinated through. If the member does not contact ValueOptions, the benefit will be paid at the lower level.

Boeing PPO and Select NetworkSM (Union and Nonunion)

In order for members to receive any payment on mental health claims or substance abuse claims, all care must be coordinated through ValueOptions. They will refer the member to a ValueOptions network provider.

ValueOptions: 1 (800) 892-1411

Boeing Indemnity Plans (Medicare Supplement plans)

There is no coordination required through ValueOptions for mental health claims.

Contact Boeing Customer Service to verify eligibility, benefits and how to access the benefits.

Telephone: 1 (800) 422-7713

Fax: 1 (877) 357-3419

Boeing Mental Health Plan Summary

	Boeing PPO Plans	Boeing Selections (Union)	Boeing Selections Plus and Select Network Plans (Union and Nonunion)
Mental Health	Contact ValueOptions 1 (800) 892-1411	Contact ValueOptions 1 (800) 892-1411	Contact ValueOptions 1 (800) 892-1411

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Federal Employee Program (FEP)

FEP has two different benefit plans for members, Standard Option and Basic Option.

Outpatient Care

Standard Option Plan:

Call FEP Customer Service at **1 (877) 668-4651** to verify eligibility, network status, and benefit availability.

Note: Beginning January 1, 2010 the FEP Standard Option Plan requires prior authorization from Preferred and Non-preferred providers before treatment begins. Please call Regence Behavioral Health and Wellness at **1 (866) 873-9743** to obtain prior authorization. A treatment plan may be required for subsequent authorization.

Basic Option Plan:

Call FEP Customer Service at **1 (877) 668-4651** to verify eligibility, network status, and benefit availability.

Note: The FEP Basic Option Plan requires prior authorization before treatment begins. Benefits are paid for services by a Preferred provider only. Please call Regence Behavioral Health and Wellness at **1 (866) 873-9743** to obtain prior authorization. A treatment plan may be required for subsequent authorization.

The *FEP Treatment Authorization Request Form* for both Standard Option and Basic Option members is available on our *Provider Web Site* in the Provider Library section, under Forms. A Regence FEP Behavioral Health Medical Management Coordinator will review the treatment request form, determine whether the medical necessity criteria for continued care have been met, and contact the provider via telephone or fax.

Mental Health Inpatient, Residential, Partial Hospitalization, and Intensive Outpatient Care

Premera Blue Cross manages the mental health inpatient, residential, partial hospitalization and intensive outpatient benefits for FEP in Washington State. For verification of eligibility, network status, and benefit availability please contact Premera Blue Cross FEP Customer Service at **1 (800) 562-1011**.

Behavioral Health

Chemical Dependency Treatment Products and Networks

Regence offers a variety of products and plans to meet the needs of our members and employers. The specific chemical dependency treatment benefits of each plan vary and must be verified in the member's benefit booklet and/or through Provider Customer Service at **1 (800) 322-1737**.

Note: Regence employer groups (i.e. Boeing plans) may purchase the services and/or network of an independent behavioral health managed care organization. If a group decides to purchase managed care services from a vendor, please contact Provider Customer Service at **1 (800) 322-1772** for assistance.

Chemical Dependency Treatment Care

Plans	Preferred, Innova, Engage, Activate, Regence HSA Healthplan 2.0	Selections	FEP
Network	Regence PPO	Regence Managed Behavioral Health Network (MBH)	Premera Blue Cross
Referral	None	Referral from member's PCP or through Regence	Refer to Premera Blue Cross for requirements
Care Management	See Care Management Guidelines on page 5	See Care Management Guidelines on page 5	As stated above

Important Telephone Numbers for Additional Product Information:

Regence Customer Service (call to verify eligibility and benefits)	1 (800) 322-1737
Regence Behavioral Health Department (call for a referral or care management guidelines)	1 (800) 780-7881
Regence Behavioral Health Department Fax (use to fax a referral or treatment plan)	1 (800) 331-3505
Premera Blue Cross (for all FEP chemical dependency services)	1 (800) 562-1011

Behavioral Health

Referral Guidelines - Selections Only

Providers must follow the guidelines below for all levels of chemical dependency care, including inpatient, partial hospitalization program, residential treatment, intensive outpatient, and outpatient.

The member receives an initial evaluation and chemical dependency care is the recommended course of treatment.

Fax or phone the information within three business days of the initial evaluation to the Regence Behavioral Health department. Be sure to include the following information on the referral request:

- The member's name, date of birth and member number
- Your name, telephone and fax number, tax ID and rider number
- The date of the first service
- The CPT codes you expect to use during the episode of care
- The Axis I or Axis II numeric diagnosis codes

The Regence Behavioral Health department will enter a referral for the above services in accordance with the benefit limitations and fax the referral confirmation to you for your records within 36 business hours. Please do not bill for services before you have submitted the referral request.

Note: Referrals are not a guarantee of payment.

Healthy Options

All benefits for chemical dependency are administered through Department of Social and Health Services (DSHS). If you have any questions, please contact the provider relations unit at DSHS at **1 (800) 562-3022**.

FEP

Premera Blue Cross manages all FEP chemical dependency treatment services for both plan options in Washington State. For verification of eligibility, network status and benefit availability, please contact Premera Blue Cross FEP Customer Service at **1 (800) 562-1011**.

Behavioral Health

Boeing

The Boeing Company offers a variety of plan options for their employees. The following information describes behavioral health care access and referral requirements for Boeing plan members.

Selections (Union) and Selections Plus (Union and Nonunion)

In order for members to receive the highest payment level on substance abuse claims, care must be coordinated through the primary care physician (PCP) or ValueOptions and performed by a ValueOptions contracted physician. If the member does not contact their PCP or ValueOptions, the benefit will be paid at the lower level.

Boeing PPO and Select NetworkSM (Union and Nonunion)

In order for members to receive any payment on substance abuse claims, all care must be coordinated through ValueOptions. They will refer the member to a ValueOptions network provider.

ValueOptions: 1 (800) 892-1411

Boeing Indemnity Plans (Medicare Supplement plans)

No coordination required for substance abuse claims.

Contact Boeing Customer Service to verify eligibility, benefits and how to access the benefits.

Telephone: 1 (800) 422-7713

Fax: 1 (877) 357-3419

Boeing Mental Health Plan Summary

	Boeing PPO Plans	Boeing Selections (Union)	Boeing Selections Plus and Select Network Plans (Union and Nonunion)
Chemical Dependency	Contact ValueOptions 1 (800) 892-1411	PCP referral required	Contact ValueOptions 1 (800) 892-1411 Or a referral from PCP

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Detoxification Processing Guidelines

In accordance with Washington State law, detoxification service expenses are allocated to the member's medical benefit. See your facility agreement for the correct and allowable CPT and revenue codes for chemical dependency treatment.

Acupuncture treatments for chemical dependency are a covered benefit if acupuncture is a covered benefit. Please contact Customer Service to verify benefits, eligible providers and any referral requirements for acupuncture.